

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FRIENDS OF HAGEDORN

ADDRESS (number and street)

11 CIVIC CENTER PLZ STE 007

Check if different  
than previously  
reported. (ACC)

MANKATO

MN

56001-7710

2. FEC IDENTIFICATION NUMBER ▼

C

C00550707

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MN

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DOUGLAS R HITZEMANN

Signature of Treasurer

DOUGLAS R HITZEMANN

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 34

Write or Type Committee Name

**FRIENDS OF HAGEDORN**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	42264.91	46264.91
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	42264.91	46264.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	15267.19	20724.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	333.70	359.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	14933.49	20365.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	35277.49	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	31583.52	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 34

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

37560.00

41560.00

(ii) Unitemized.....

2350.00

2350.00

(iii) TOTAL of contributions from individuals ▶

39910.00

43910.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

2354.91

2354.91

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

42264.91

46264.91

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

8583.52

11583.52

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

8583.52

11583.52

## 14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) .....

333.70

359.20

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.) .....

0.00

0.00

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

51182.13

58207.63

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 34

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15267.19	20724.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	1071.99	3960.30
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	16339.18	24684.93

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	434.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	51182.13
25. SUBTOTAL (add Line 23 and Line 24).....	51616.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16339.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35277.49

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DEBORAH COLLIS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2015	
Mailing Address 11564 GREAT RIVER ROAD		<b>Transaction ID : SA11AI.5724</b>	
City LITTLE FALLS	State MN	Zip Code 56345	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Nurse Election Cycle-to-Date 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>NOEL COLLIS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2015	
Mailing Address 811 SE 2ND ST		<b>Transaction ID : SA11AI.5675</b>	
City LITTLE FALLS	State MN	Zip Code 56345	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation DOCTOR Election Cycle-to-Date 2500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>NOEL COLLIS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2015	
Mailing Address 811 SE 2ND ST		<b>Transaction ID : SA11AI.5722</b>	
City LITTLE FALLS	State MN	Zip Code 56345	Amount of Each Receipt this Period -800.00 MEMO Redesignated Below <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee. C			
Name of Employer SELF Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation DOCTOR Election Cycle-to-Date 1700.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3500.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**NOEL COLLIS**

Mailing Address **811 SE 2ND ST**

City **LITTLE FALLS** State **MN** Zip Code **56345**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **DOCTOR**

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt

**06** / **23** / **2015**

Transaction ID : **SA11AI.5723**

Amount of Each Receipt this Period

**800.00**

MEMO Redesignated

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**NOEL COLLIS**

Mailing Address **811 SE 2ND ST**

City **LITTLE FALLS** State **MN** Zip Code **56345**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **DOCTOR**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt

**06** / **23** / **2015**

Transaction ID : **SA11AI.5774**

Amount of Each Receipt this Period

**1000.00**

MEMO - See Redesignation

**C.** Full Name (Last, First, Middle Initial)  
**NOEL COLLIS**

Mailing Address **811 SE 2ND ST**

City **LITTLE FALLS** State **MN** Zip Code **56345**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **DOCTOR**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt

**06** / **29** / **2015**

Transaction ID : **SA11AI.5758**

Amount of Each Receipt this Period

**-1000.00**

MEMO Redesignated Below

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**1000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**NOEL COLLIS**

Mailing Address **811 SE 2ND ST**

City **LITTLE FALLS** State **MN** Zip Code **56345**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **DOCTOR**

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2015

**Transaction ID : SA11AI.5759**

Amount of Each Receipt this Period

<b>1000.00</b>
----------------

MEMO Redesignated

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**NOEL COLLIS**

Mailing Address **811 SE 2ND ST**

City **LITTLE FALLS** State **MN** Zip Code **56345**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **DOCTOR**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**4500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2015

**Transaction ID : SA11AI.5775**

Amount of Each Receipt this Period

<b>1000.00</b>
----------------

MEMO See Redesignation

**C.** Full Name (Last, First, Middle Initial)  
**G.M. ENGER**

Mailing Address **PO BOX 53**

City **BLUE EARTH** State **MN** Zip Code **56013**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **APPRAISER**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

**Transaction ID : SA11AI.5740**

Amount of Each Receipt this Period

<b>500.00</b>
---------------

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

<b>1500.00</b>
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

GINA FITZSIMMONS

A.

Mailing Address 54440 148TH ST

City

GOOD THUNDER

State

MN

Zip Code

56037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.5768

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

MARIE FITZSIMMONS

B.

Mailing Address 72515 237TH ST

City

DASSEL

State

MN

Zip Code

55325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.5733

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

PAT FITZSIMMONS

C.

Mailing Address 72515 237TH ST

City

DASSEL

State

MN

Zip Code

55325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROTEIN SOURCES

Occupation

FARM MANAGEMENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.5735

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7900.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>PAUL FITZSIMMONS</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 54440 148TH ST			<b>Transaction ID : SA11AI.5769</b>	
City	State	Zip Code		
GOOD THUNDER	MN	56037		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2700.00	
Name of Employer PROTEIN SOURCES		Occupation PARTNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JAMES HAGEDORN</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 04 / 2015	
Mailing Address PO BOX 63			<b>Transaction ID : SA11AI.5671</b>	
City	State	Zip Code		
BLUE EARTH	MN	56013		
FEC ID number of contributing federal political committee.		C H0MN01045	Amount of Each Receipt this Period 10.00	
Name of Employer		Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5610.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JOHN HOLLERICH</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 308 SMITH COURT			<b>Transaction ID : SA11AI.5739</b>	
City	State	Zip Code		
MAPLETON	MN	56065		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2700.00	
Name of Employer PROTEIN SOURCES		Occupation PARTNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			5410.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**WHITNEY MACMILLAN**  
Mailing Address **PO BOX 5628, DEPT 28**

City State Zip Code  
**MINNEAPOLIS MN 55440**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**06 / 30 / 2015**

**Transaction ID : SA11AI.5754**

Amount of Each Receipt this Period

**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**URBAN NEISEN**  
Mailing Address **40486 E LONG LAKE**

City State Zip Code  
**ST JAMES MN 56081**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

**06 / 15 / 2015**

**Transaction ID : SA11AI.5709**

Amount of Each Receipt this Period

**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**JERRY PAPENFUSS**  
Mailing Address **PO BOX 767**

City State Zip Code  
**WINONA MN 55987**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**WINONA RADIO**

Occupation  
**CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2700.00**

Date of Receipt

**06 / 17 / 2015**

**Transaction ID : SA11AI.5766**

Amount of Each Receipt this Period

**2700.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3950.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

**A.** Full Name (Last, First, Middle Initial)  
**PATRICIA PAPENFUSS**

Mailing Address **PO BOX 767**

City **WINONA** State **MN** Zip Code **55987**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WINONA RADIO** Occupation **EXECUTIVE**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		17		2015

**Transaction ID : SA11AI.5767**

Amount of Each Receipt this Period

2700.00
---------

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD SALK**

Mailing Address **BOX 675**

City **ALBANY** State **MN** Zip Code **56038**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **DOCTOR**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2015

**Transaction ID : SA11AI.5719**

Amount of Each Receipt this Period

2000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL SOHRE**

Mailing Address **305 SMITH CT.**

City **MAPLETON** State **MN** Zip Code **56065**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PROTEIN SOURCES** Occupation **ACCOUNTANT**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

**Transaction ID : SA11AI.5748**

Amount of Each Receipt this Period

2700.00
---------

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

7400.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

TERESA SOHRE

A.

Mailing Address 305 SMITH CT

City

MAPLETON

State

MN

Zip Code

56065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.5749

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

GARY STEUART

B.

Mailing Address 40184 120TH ST

City

MABEL

State

MN

Zip Code

55954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

OWNER

STEUART LABORATORIES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2015

Transaction ID : SA11AI.5676

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

GARY STEUART

C.

Mailing Address 40184 120TH ST

City

MABEL

State

MN

Zip Code

55954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

OWNER

STEUART LABORATORIES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

Transaction ID : SA11AI.5751

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDORN

Full Name (Last, First, Middle Initial)

STEVEN SYMMS

A.

Mailing Address 517 C ST NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARRY, ROMANI, DECONCINI &amp; SYM

Occupation

LEGISLATIVE CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2015

Transaction ID : SA11AI.5727

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

BRIAN WALETICH

B.

Mailing Address PO BOX 99

City

KASOTA

State

MN

Zip Code

56050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WALETICH TRANSPORTATION

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

Transaction ID : SA11AI.5732

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

JOSEPH WEIS

C.

Mailing Address 2227 7TH ST NW

City

ROCHESTER

State

MN

Zip Code

55901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEIS BUILDERS, INC

Occupation

CHAIRMAN EMERITUS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2015

Transaction ID : SA11AI.5679

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial)

**A. DUANE WILLIAMS**

Mailing Address 115 E 4TH ST

City

BLUE EARTH

State

MN

Zip Code

56013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WILLIAMS ACCT &amp; INSURANCE

Occupation

ACCOUNTANT

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11Al.5747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

37560.00

FOR LINE NUMBER:  
(check only one)

	11a	11b	11c	<b>X</b> 11d	
	12	13a	13b	14	15

NAME OF COMMITTEE (In Full)  
FRIENDS OF HAGEDORN

MM / DD / YYYY

C	H0MN01045
---	-----------

2000.00

13593.52

MM / DD / YYYY

C H0MN01045

354.91

13948.43

C

[illegible]

Election Cycle to Date

2354.91

2354.91

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 34

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JAMES HAGEDORN</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>29</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	04		29		2015	
M M M	/	D D D	/	Y Y Y Y Y Y										
04		29		2015										
Mailing Address <b>PO BOX 63</b>		<b>Transaction ID : SA13A.5681</b>												
City <b>BLUE EARTH</b>	State <b>MN</b>	Zip Code <b>56013</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>2600.00</td> </tr> </table>											2600.00
										2600.00				
FEC ID number of contributing federal political committee. <b>C</b> <b>H0MN01045</b>														
Name of Employer 		Occupation 												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>5600.00</td> </tr> </table>												5600.00
										5600.00				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JAMES HAGEDORN</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>15</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		15		2015	
M M M	/	D D D	/	Y Y Y Y Y Y										
05		15		2015										
Mailing Address <b>PO BOX 63</b>		<b>Transaction ID : SA13A.5685</b>												
City <b>BLUE EARTH</b>	State <b>MN</b>	Zip Code <b>56013</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>1500.00</td> </tr> </table>											1500.00
										1500.00				
FEC ID number of contributing federal political committee. <b>C</b> <b>H0MN01045</b>														
Name of Employer 		Occupation 												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>7110.00</td> </tr> </table>												7110.00
										7110.00				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JAMES HAGEDORN</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>08</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		08		2015	
M M M	/	D D D	/	Y Y Y Y Y Y										
06		08		2015										
Mailing Address <b>PO BOX 63</b>		<b>Transaction ID : SA13A.5818</b>												
City <b>BLUE EARTH</b>	State <b>MN</b>	Zip Code <b>56013</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>683.52</td> </tr> </table>											683.52
										683.52				
FEC ID number of contributing federal political committee. <b>C</b> <b>H0MN01045</b>														
Name of Employer 		Occupation 												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>7793.52</td> </tr> </table>												7793.52
										7793.52				
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="10"></td> <td>4783.52</td> </tr> </table>												4783.52
										4783.52				
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>												



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 34  
 (check only one)  
☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JAMES HAGEDORN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2015	
Mailing Address PO BOX 63		<b>Transaction ID : SA13A.5770</b>	
City BLUE EARTH	State MN	Zip Code 56013	Amount of Each Receipt this Period 3800.00
FEC ID number of contributing federal political committee. C HOMN01045		LOAN	
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 11593.52		
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		M M / D D / Y Y Y Y	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		M M / D D / Y Y Y Y	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3800.00	
<b>TOTAL</b> This Period (last page this line number only).....		8583.52	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 34

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF HAGEDORN**Full Name (Last, First, Middle Initial)  
**CHARTER MEDIA**Mailing Address **15025 GLAZIER AVE**  
**SUITE 201**City State Zip Code  
**APPLE VALLEY MN 55124**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**333.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

**Transaction ID : SA14.5680**

Amount of Each Receipt this Period

**333.70**

Full Name (Last, First, Middle Initial)

**B.**  
Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**333.70****333.70**

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 5555 HILTON AVE  
SUITE 106

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

Amount of Each Disbursement this Period

375.66
--------

Transaction ID : SB17.5765

**B. BLUE EARTH GRAPHICS**

Mailing Address 113 NORTH MAIN ST

City BLUE EARTH State MN Zip Code 56013

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2015

Amount of Each Disbursement this Period

281.08
--------

Transaction ID : SB17.5686

**C. MICHAEL BRYAN**

Mailing Address 1500 OLD COMPTON ROAD

City HENRICO State VA Zip Code 23238

Purpose of Disbursement  
WEB DESIGN

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.5688

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1656.74

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial)

**A. JAMES HAGEDORN**

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement  
In-kind - Mileage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.5791

**B. JAMES HAGEDORN**

Mailing Address PO BOX 63

City	State	Zip Code
BLUE EARTH	MN	56013

Purpose of Disbursement  
In-kind - Postage, Office Supplies

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District: 01

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Disbursement this Period

354.91
--------

Transaction ID : SB17.5815

**C. P2B STRATEGIES**Mailing Address 4750 E 53RD ST  
SUITE 206

City	State	Zip Code
MINNEAPOLIS	MN	56001

Purpose of Disbursement  
CAMPAIGN CONSULTANT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 29 / 2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.5684

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4354.91

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial)

**A. P2B STRATEGIES**Mailing Address 4750 E 53RD ST  
SUITE 206

City MINNEAPOLIS State MN Zip Code 56001

Purpose of Disbursement  
CAMPAIGN CONSULTANT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2015

Amount of Each Disbursement this Period

4000.00
---------

Transaction ID : SB17.5778

**B. P2B STRATEGIES**Mailing Address 4750 E 53RD ST  
SUITE 206

City MINNEAPOLIS State MN Zip Code 56001

Purpose of Disbursement  
CAMPAIGN CONSULTANT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2015

Amount of Each Disbursement this Period

4000.00
---------

Transaction ID : SB17.5761

**C. UNITED STATES POSTAL SERVICE**

Mailing Address

City BLUE EARTH State MN Zip Code 56013

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2015

Amount of Each Disbursement this Period

540.70
--------

Transaction ID : SB17.5821

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8540.70



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 34

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FRIENDS OF HAGEDORN**

Full Name (Last, First, Middle Initial)

**A. P2B STRATEGIES**Mailing Address 4750 E 53RD ST  
SUITE 206

City MINNEAPOLIS State MN Zip Code 56001

Purpose of Disbursement  
CAMPAIGN CONSULTANT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2015

Amount of Each Disbursement this Period

1071.99
---------

Transaction ID : SB21.5807

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1071.99
---------

1071.99
---------

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 24 OF 34

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4646

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 29 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 25 OF 34

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4647

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3500.00

0.00

3500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
07 / 30 / 2014

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 26 OF 34

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4661

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 05 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 27 OF 34

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5310

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JAMES HAGEDORN

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 24 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 28 OF 34

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5627

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

JAMES HAGEDORN

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 10 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 29 OF 34

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5633

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

JAMES HAGEDORN

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 17 / 2014

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 30 OF 34

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5681

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

2600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2600.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 29 / 2015

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2600.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 31 OF 34

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5685

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 15 / 2015

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐

Yes

☒

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 32 OF 34

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5818

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

JAMES HAGEDORN

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

683.52

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

683.52

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 08 / 2015

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

683.52

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 33 OF 34

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5770

FRIENDS OF HAGEDORN

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

JAMES HAGEDORN

Mailing Address  
PO BOX 63

City

State

ZIP Code

BLUE EARTH

MN

56013

Original Amount of Loan

3800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3800.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 12 / 2015

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3800.00

**TOTALS** This Period (last page in this line only)..... ►

31583.52

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 OF 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FRIENDS OF HAGEDORN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**P2B STRATEGIES**Nature of Debt (Purpose):  
**CAMPAIGN CONSULTANT**Mailing Address 4750 E 53RD ST  
SUITE 206City State Zip Code  
MINNEAPOLIS MN 56001

Outstanding Balance Beginning This Period

1071.99

Transaction ID : SD10.5632

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1071.99

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**P2B STRATEGIES**

Nature of Debt (Purpose):

Mailing Address 4750 E 53RD ST  
SUITE 206City State Zip Code  
MINNEAPOLIS MN 56001

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5812

Amount Incurred This Period

-1071.99

Payment This Period

0.00

Outstanding Balance at Close of This Period

-1071.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

0.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶